

DO NOT WRITE IN THIS SPACE (For conservation agent's use only)

Missouri Department of Conservation **Application for Class II Wildlife Breeder Permit**

Complete This Box. Please Print		
Name:	Business Name:	
Address:	Business Address:	
City, State, Zip:	(if different) City, State, Zip:	
City, State, Zip.	City, State, Zip.	
Home Telephone No.	Work Telephone No.	
County:	Email:	
County.	Zilidii.	
Class II Breeder Permit (Code 545)	\$250.00	
Refer to Missouri Department of Agricult	ture for applicable Chronic Wasting Disease rules and regulations.	
List species and numbers of each	species to be covered by permit:	
Zist species and numbers of each	species to be covered by permit.	
☐ Check here if wildlife is held at a location	n other than above address and then complete Part II on back.	
 First time application for Class II Wildle When species and / or location is being 	ust be completed by local conservation agent when the following occurs: ife Breeder permits, including exam certification. added or changed from prior year's permit. another, i.e., Wildlife Hobby to Wildlife Breeder, etc	
following conditions: 1. Applicant is aware of Statute 578.023. For requirements under this statue. 2. Applicant must provide written docume	to the permit according to the <i>Wildlife Code of Missouri Section 3 CSR 10-9.353</i> and the RSMO, has notified the appropriate local law enforcement agency, and has met all entation of proper veterinary care / health certificates. ibility for all costs associated with recapture of any escaped animals.	
<u> </u>	mes and addresses are public records unless you specifically request that your information be closed. name and contact information made available on mailing lists.	
Read and complete the reverse before signing.		
A 1: (2 G:)	D .	
Applicant's Signature:	Date:	
	DO NOT SEND CASH	
□ Exam Passed □ Exam Not Passed	Remit by Check, Credit Card Payment (see back) or Money Order to:	
□ Approved □ Disapproved	Attn: Commercial Permits	
By	Missouri Department of Conservation	
County	P.O. Box 180	
Date	Jefferson City, MO 65102-0180	

ALL PERMITS EXPIRE JUNE 30

Unless otherwise Provided by the Wildlife Code of Missouri
4/2011

READ AND COMPLETE THIS SIDE

PART 1

If your street address is different from your mailing address please complete this section. Complete address must be provided in case contact by a conservation agent is required. If you live in a rural are, please provide directions to your location.

Name:		
Address:		
City:	State:	Zip:
Directions:		
Part II	_	
Location of Wildlife: Complete this information if wildlife is held at a lo Name of person holding wildlife:		
Address where wildlife is located:		
City:		
County where wildlife is located:		
If not within city limits give directions to the location state road or other location identifiers.	ion of the wildlife, including distan	ces from town, using name or major highway,
	Payment Method	
Total Amount Due \$	_	
☐ Check Enclosed (make check payable to Mi.	issouri Conservation Department)	
Check One: \Box Visa \Box M	MasterCard	
Charge my credit card number		
3 Digit Security Code number	(this number is located on	the back of your card)
Phone #		(required on all credit card orders)
Expiration DateCredit card holder agrees to perform the obligations.	Signature rations set forth in the Cardholder's agre	eement with the Issuer
Mail application to: Missouri Department of	Conservation	

Mail application to: Missouri Department of Conservation
ATTN: Commercial Permits
PO Box 180
Jefferson City, MO 65102-0180